

In The Specification

At page 2, line 1, insert the following: --This is a continuation of co-pending application Serial No. 09/188,660, filed May 15, 2000, which was a continuation of Serial No. 09/188,660, filed November 9, 1998, issued as Patent No. 6,154,726, which was a continuation of Serial No. 08/296,311 filed August 24, 1994 now U.S. Patent No. 5,845,253 issued December 1, 1998. --

Please delete the Table of Contents from the specification (i.e., the page after the title page of the application).

Please add the following Appendix after the specification and before the claims.

--APPENDIX A

SERVICE TYPE GUIDELINES

Definitions:

N=New patient

E=Established patient

upper area= History, Exam, Medical Decision key elements

50 % question = amount of time spent in contact with patient

must meet or exceed all of the key components of history, exam, med-decision making (3/3)	TIME	must meet two of the three key components of history, exam, and med-decision making (2/3)
Office:(outpatient) (N)	factor	Office:(outpatient) (E)
Hosp observation services (N/E)		
Initial hospital care (N/E)	factor	Subsequent Hospital Care
Office Consult (outpatient)(N/E)	factor	
Initial Inpatient Consult (N/E)	factor	Follow-up Inpatient Conslt.(E)
Confirmatory Consult (N/E)		no 50% ques
Emergency Department		
Critical care	factor	no 50% ques (based on 30min increments)
Neonatal Intensive care		no 50% ques
Compr. Nursing facility (N/E)	factor	Subsequent Nurs. facility care (N/E)
Domiciliary care (rest home): (N)		Domiciliary care :(E)
Home care: (N)		Homecare: (E)

Prolonged services	factor	no 50% ques
Physician standby	factor	no 50% ques
Casemanagement	factor	no 50% ques
Care Plan Oversight Services	factor	no 50% ques
Preventive medicine		no 50% ques
Counseling	factor	no 50% ques
Newborn care		no 50% ques
Rest Home (N)		Rest Home (E)
<p>">50% contact counseling/coordination?" for these service types:office/outpatient visit ; office consultaions</p> <p>">50%unit/floor counseling/coordination?" for these service types: nursing: assessment & subsequent;initial consult;inpat. hospcare:follow-up consult</p>		
<p>WHEN EVER TIME IS AN ELEMENT OF DECISION MAKING WE SHOULD ASK THE QUESTION OF 50% except for <u>Critical Care ,Preventive medicine,Prolonged services, Physician Standby, Case Management, Care Plan Oversight Serivces, and Counseling</u> Time then becomes the controlling factor, <u>Such that time can adjust the CPT upward, Should always compare which gives the greater code with key elements or key elements using time. Selection of the code is then based on which of the two gives the higher coding element</u></p>		

1- Office (outpatient visits) Services

Ques? Any symptoms?

no = Ques? Give physical?

no = Ques? Provided Counseling?

no = 99499

yes = Prompt = go to counseling or risk reduction factor

yes = using Preventive Medicine yes = use table below

New (3/3)">50% contact counseling/coordination?"

History	Exam	Medical Decis.	time	code
problem focused	problem focused	straight forward	<=19	99201
expanded	expanded	straight forward	>=20 <=29	99202
detailed	detailed	low complexity	>=30 <=44	99203
comprehensive	comprehensive	moderate	>=45 <=59	99204
comprehensive	comprehensive	high	>=60	99205

Etab (2/3)">50% contact counseling/coordination?"

History	Exam	Medical Decis.	time	code
focused	focused	straight forward	>=11 >=10<=14	99212

expanded	expanded	low complexity	>=15 <=24	99213
detailed	detailed	moderate	>=25 <=39	99214
comprehensive	comprehensive	high	>=40	99215

2 - HOSPITAL INPATIENT SERVICES

Initial hospital care

(new or established)

Question? "Is this an admission?"

yes - Initial Hospital Care

Question? ">50%unit/floor counseling/coordination?"

yes - use codes 99221 - 99223 with time as a factor

no - use codes 99221 - 99223 no time as a factor

no - Subsequent Hospital Care

Question? ">50%unit/floor counseling/coordination?"

yes - use codes 99231 - 99233 (for Sub-Hospital Care) with time

no - use codes 99231 - 99233 (for Sub-Hospital Care) no time

(3/3)

History	Exam	Medical Decis.	time	code
if key elements do not combine with Med Dec. & time to meet the criteria of 3/3 then display "key elements not high enough" and go to default code			<=29	99499
detailed/comprhsv	detailed/comprhs	straight frwd/low	>=30<=49	99221
comprehensive	comprehensive	moderate	>=50 <=69	99222
comprehensive	comprehensive	high	>=70	99223
3/24/94 added this expanded table for clarity				
detailed/comprhsv	detailed/comprhs	straight frwd/low	<=49	99221
3 or 4	3 or 4	111,222,221 etc		
comprehensive	comprehensive	moderate	>=50 <=69	99222
4	4	333,331,332,etc		
comprehensive	comprehensive	high	>=70	99223
4	4	444,441,442,etc		

#2 Hosp Inpat should not look at New or Old because could be old/existing patient but a new admission

ask question "Is this an admission?"

if No and 50 % = yes (use codes 99221-99223 no time factor)

if Yes and 50% = no (use codes 99221-99223 with time as a factor)

2. Subsequent hospital care

(established) (2/3) ">50%unit/floor counseling/coordination?"

History	Exam	Medical Decis.	time	code
prob focused	problem focused	straight frwd/low	<=24	99231

expanded	expanded	moderate	>=25 <=34	99232
detailed	detailed	high complexity	>=35	99233

CONSULTATIONS

-3-Office (Outpatient) Consultations

(new or established) (3/3) ">50% contact counseling/coordination?"

History	Exam	Medical Decis.	code	time
prob focused	problem focused	straight forward	99241	<=29
expanded	expanded	straight forward	99242	>=30 <=39
deatiled	detailed	low complex	99243	>=40 <=59
comprehensive	comprehensive	moderate	99244	>=60<=79
comprehensive	comprehensive	high complexity	99245	>=80

-4-Consult-Initial Inpatient

(new/established) (3/3)">50%unit/floor counseling/coordination?"

History	Exam	Medical Decis.	code	time
prob focused	problem focused	straight forward	99251	<=39
expanded	expanded	straight forward	99252	>=40 <=54
deatiled	detailed	low complex	99253	>=55 <=79
comprehensive	comprehensive	moderate	99254	>=80<=109
comprehensive	comprehensive	high complexity	99255	>=110

-5. Confirmatory consultation

(new or established) (3/3)

">50% unit/floor contact counseling/coordination?"

History	Exam	Medical Decis.	code	time
focused	focused	straight forward	99271	none
expanded	expanded	straight forward	99272	none
detailed	detailed	low complexity	99273	none
comprehensive	comprehensive	moderate	99274	none
comprehensive	comprehensive	high	99275	none

#5 Conf Cons-no time necessary when answering YES..

-6-Emergency

Need to ask the question?

Is this advanced life support?

yes ⇒ 99288

no ⇒ follow the table below



History	Exam	Med Decision	CPT code
focused	focused	straight forward	99281
Expanded	Expanded	low complex	99282

Expanded	Expanded	Mod complex	99283
Detailed	Detailed	Mod complex	99284
Comprehensive	Comprehen	High. complx	99285

-7- Critical Care Visit

1. Should select type of service then skip to the time field

2. If charge for 99291 has been entered that day for patient then always select the 99292 after the time is entered. Can Only bill for one hour at 99291. Add times together then bill at 30 min.

Time	CPT code
<= 60 min	99291
> 60 min	99292
for every 30 min (thirty) after the first hour enter 99292 so if it is 2hrs beyond the first 60min then there would be 4(four) entries for 99292	

-8- NURSING SERVICES

Comprehensive Assessments

Question? "Subsequent Nursing facility

no - Use Comprehensive Assessments

Ques? "50%unit floor contact?"

yes - use codes 99301 - 99303 with time factor

no - use codes 99301 99303 no time factor

yes- Use Subsequent Care Facility

Ques?"50%unit floor contact?"

yes - use codes 99311 - 99313 with time factor

no - use codes 99311 -99313 no time factor

(new/established) (3/3)

History	Exam	Medical Decis.	time	code	no time
detailed	comprehensive	straight frwrld/low	39 <=	99301	99301
detailed	comprehensive	moderate/high	>=40 <=49	99302	99302
comprehensive	comprehensive	high	>=50	99303	99303

2. Subsequent facility care

(new/established) (2/3)

History	Exam	Medical Decis.	time	code	no time
prob focused	problem focused	straight frwrld/low	<=24	99311	99311
expanded	expanded	moderate	>=25<=34	99312	99312
detailed	detailed	mod/high complexity	>=35	99313	99313

-9- Domciliary, Rest Home or Custodial Care

(new) (3/3)

History	Exam	Medical Decis.	time	code
prob focused	problem focused	straight frwrld/low	none	99321

expanded	expanded	moderate	none	99322
detailed	detailed	high complexity	none	99333

(established) (2/3)

History	Exam	Medical Decis.	time	code
prob focused	problem focused	straight frwrld/low	none	99331
expanded	expanded	moderate	none	99332
detailed	detailed	high complexity	none	99333

-10- HOME SERVICES

1. Check to see if new or established

(once a person has a charge they are no longer "new". Upon entering a charge, the program should update the patient detail from "N" to "O")

(New) (3/3)

History	Exam	Medical Decis.	time	code
prob focused	problem focused	straight frwrld/low	none	99341
expanded	expanded	moderate	none	99342
detailed	detailed	high complexity	none	99343

(Established) (2/3)

History	Exam	Medical Decis.	time	code
prob focused	problem focused	straight frwrld/low	none	99351
expanded	expanded	moderate	none	99352
detailed	detailed	high complexity	none	99353

CASE MANAGEMENT SERVICES

-11- Case Management Team

Should skip upper area and go directly to time

time	code value
<= 60 min	99361
> than 61	99362

-12-Case Management Phone

1. Should skip upper area and go directly to CPT code field

2. Window should pop-up and allow selection

3. Upon selection the appropriate CPT code value would be return to the field

POP-UP WINDOW

Value returned to field

CALLS	CPT CODE VALUE
1.SIMPLE/BRIEF	99371
2. INTERMEDIATE	99372
3. COMPLEX	99373

-13- PREVENTIVE MEDICINE SERVICES

1. Should skip the upper area and go directly to CPT field
2. Need to check age- not sure if happening
3. Need to check patient detail to see if new or established patient
4. If no age or age is 01/01/0001 then need to prompt for age
 - a. IF no age is entered abort entry with prompt
 - b. IF age is entered, put in correct code and update the patient detail

1. New

AGE	Code
>=1day <=364 days (one year)	99381
>=1 yr <=4yr 364 days	99382
>=5 yr <=11yr 364 days	99383
>=12yr <=17yr 364 days	99384
>=18yr <=39yr 364 days	99385
>=40yr <=64yr 364 days	99386
>=65 yrs	99387

2. Estab

AGE	Code
>=1day <=364 days (one year)	99391
>=1 yr <= 4yr 364 days	99392
>=5 yr <=11yr 364 days	99393
>=12yr <=17yr 364 days	99394
>=18yr <=39yr 364 days	99395
>=40yr <=64yr 364 days	99396
>=65 yrs	99397

-14-Individual Counseling

1. Should skip upper area and go directly to time
2. Should prompt to enter time

new/estab

time	code value
<= 29 min	99401
> =30 <=44 min	99402
>=45 <=59	99403
>= 60 min	99404

-15-Group Counseling

1. Should skip upper area and go directly to time
2. Should prompt to enter time

new/estab

time	code value
<= 59 min	99411
>= than 60	99412

-17- Neonatal Intensive Care

1. Prompt with error message if more than one visit charge per day
2. Add type of service - Neonatal
3. Skip History, Exam, Medical Decision etc and go directly to CPT field with a pop-up POP-UP WINDOW Value returned to field

Service	CPT code
1. Initial NICU	99295
2. NICU Unstable	99296
3. NICU Stable	99297
when user selects 1,2,or 3 the program puts the code into the CPT field	

-18- Newborn

When selection of visit for this service type is made should SKIP top portion and go directly to CPT field where window pops up

Service	CPT code
1. History, exam, diag	99431
2. Other than hospital care	99432
3. Sub hosp care	99433
4. Resuscitation/ High Risk	99440
when user selects 1,2,3, or 4 the program puts the code into the CPT field	

-19 Consults inpatient follow-up

Estab(2/3) ">50% unit/floor contact counseling/coordination?"

History	Exam	Medical Decis.	code	time
prob focused	problem focused	straight forward	99261	<=20min
expanded	expanded	moderat complx	99262	>20min<=29min
detailed	detailed	highly complx	99263	=>30min

-20-Hospital Discharge
Don't enter anything but code = 99238

-21- HOSPITAL OBSERVATION

">50% unit/floor contact counseling/coordination?"

History	Exam	Medical Decis.	CPT Code
Detailed/Comp	Detailed/Comp	Strgth Frwd/Low	99218
Comprehensive	Comprehensive	Moderate Cmplx	99219
Comprehensive	Comprehensive	Highly Complex	99220

should not need both, just ask question "Is this the discharge day from observation? if yes then give code 99217 if NO then give code 99218 to 99220 or dump to 99499 if key elements are lower than in table

#16 Observation

should not need both 16 & 21, just ask question "Is this the discharge day from observation?
if YES then give code 99217
if NO then give code 99218 to 99220
if key elements are lower than in table
dump to 99499

-22-PROLONGED SERVICES

ask the question:

Is this Stanby Service? Y/N

If YES

a. Physician Standby Service

<= 29 abort charge message "not enough time"

>=30 <=60 = 99360 then report same code at multiples of exactly 30 min

If NO

Needs to ask the question:

Face to Face? Y/N

b. If YES (Prolonged Service with Face to Face Contact)

Needs to ask the question:

Is this an inpatient?

If YES

1. <30 min abort charge with message saying "not enough time"

2. >31<74 = 99356

3. >=75 = 99356 + 99357 for multiples of each additional 30 min

If NO

1. <30 min abort charge with message saying "cannot report time seperately"

2. >31<74 = 99534

3. >=75 = 99534 + 99355 for multiples of each additional 30 min

- c. If NO(Prolonged Service without direct Face to Face contact)
(can be used only once per date, but time does not have to be continuous)
1. ≤ 29 abort with message "not enough time)
 2. $\geq 30 \leq 74 = 99358$
 3. $\geq 75 = 99358 +$ multiples of 99359 for every 30 min (except if last is less than 15 min)

3/8/94 #21Prolonged

Stanby service = Y

50% Face to Face = N then N,N

60 min not = 99358 + see CPT chart

Ques? of 50% "Face to Face contact?"

Total Duration of Prolonged Services
Office or Outpatient - With Face to Face

TIME	PROMPT	Code	BASE STATION RESULT
≤ 29	"not enough time"	none	Nothing
$\geq 30 \leq 74$	none	99354	99354
$\geq 75 \leq 104$	none	99354+	99354(1) & 99355(1)
$\geq 105 \leq 134$	none	99354+	99354(1) & 99355(2)
$\geq 135 \leq 164$	none	99354+	99354(1) & 99355(3)
$\geq 165 \leq 194$	none	99354+	99354(1) & 99355(4)

Total Duration of Prolonged Services
Inpatient- With Face to Face

TIME	PROMPT	Code	BASE STATION RESULT
≤ 29	"not enough time"	none	Nothing
$\geq 30 \leq 74$	none	99356	99356
$\geq 75 \leq 104$	none	99356+	99356(1) & 99357(1)
$\geq 105 \leq 134$	none	99356+	99356(1) & 99357(2)
$\geq 135 \leq 164$	none	99356+	99356(1) & 99357(3)
$\geq 165 \leq 194$	none	99356+	99356(1) & 99357(4)

Total Duration of Prolonged Services
Without Face to Face

TIME	PROMPT	Code	BASE STATION RESULT
≤ 29	"not enough time"	none	Nothing
$\geq 30 \leq 74$	none	99358	99358
$\geq 75 \leq 104$	none	99358+	99358(1) & 99359(1)
$\geq 105 \leq 134$	none	99358+	99358(1) & 99359(2)
$\geq 135 \leq 164$	none	99358+	99358(1) & 99359(3)
$\geq 165 \leq 194$	none	99358+	99358(1) & 99359(4)

#21 Prolonged eliminate based on question of #16 HOWEVER if you answer in #16
 Standby service = Y
 50% Face to Face = N then N,N
 60 min not = 99358 + see CPT chart
 Ques? of 50% Face to Face should read only "Face to Face contact?"

Physician standby service

Ques? Are you caring for other patients?

Yes = Prompt "select another service type"

No = >= 30 min 99360

99360+ = 30 min exactly-----

TIME	PROMPT	Code	BASE STATION RESULT
<= 29	"not enough time"	none	Nothing
>=30 <=59	none	99360	99360
>=30 <=89	none	99360+	99360 (2)
>=30 <=119	none	99360+	99360 (3)
>=30 <=120	none	99360+	99360 (4)
etc	etc	etc	billed only in 30 min increments

??CARE PLAN OVERSIGHT SERVICES

Go directly to time.

If no time prompt "must enter time

no time = abort charge (after user tries twice not to enter time?)

yes time <= 29 min = prompt "Not enough time,

"not a billable service"(take to service type field)

time >= 30 min = Ques? "Are you the predominant physician?

no = prompt "use another service type"

yes= check date >=1 <=30 days (from initial reporting of this service type)

no = prompt "beyond 30 days" ---HERE---

yes = ↓

TIME	PROMPT	Code
<= 29	"not enough time, use another service type"	none
>=30 <=60	None	99375
>=61	None	99376

What needs to happen here is the time should be added up for the 29 days if it meets the time criteria the base would report it at the end of 29 days as a billable service, if not then it would not be billable. Then the cycle begins again for the next 30 days.--

In the Claims

Please cancel claims 1-18 and 19-39 without prejudice.